

W13 000 178 537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

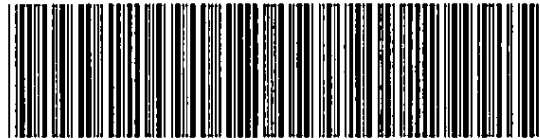
Special Instructions to Filing Officer:

J DENNIS

JAN 31 2023

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05/03/22 - 01:41:019 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 MAY -2 PM 12:18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KHON'S ON PALAFOX, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KYLE CHRISTINE MELTON

Name of Person

KHON'S ON PALAFOX, LLC

Firm/Company

34 SOUTH PALAFOX STREET

Address

PENSACOLA, FL 32502

City/State and Zip Code

Kylecmelton@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KYLE CHRISTINE MELTON

850 602-3826
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Kyle C. McLean
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
RA	EVANS, WINSTON E. MR.	3 AUDUSSON AVE.	<input type="checkbox"/> Add
		PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	EVANS, WINSTON E. MR.	3 AUDUSSON AVE	<input type="checkbox"/> Add
		PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	MELTON, KYLE CHRISTINE	104 W JACKSON STREET	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32501	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MELTON, KYLE CHRISTINE	104 W JACKSON STREET	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32501	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MELTON, STEWART	104 W JACKSON STREET	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32501	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 22, 2022

Lyle C. McLean
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kyle C Melton
Typed or printed name of signatory

Typed or printed name of signee

Filing Fee: \$25.00